

# Camp Ballibay Infectious Disease Waiver & Agreement

Name: \_\_\_\_\_

- 1) I recognize that there is risk of infectious disease in any large residential gathering.
- 2) I accept that the camp's precautions and policies to prevent the spread of infectious disease are reasonable and practical.
- 3) I agree to be a partner in prevention of the spread of infectious disease at the camp, including but not limited to:
  - a. Strictly adhering to arrival, departure, and visitation policies
  - b. Participating in all testing and prophylaxis required by the camp
  - c. Providing documentation and test results as required by the camp
  - d. Meeting deadlines and timelines set by the camp
- 4) I agree to not hold the camp, its staff, owners, or directors responsible or liable in the case of the spread of infectious disease during or following my employment.
- 5) I understand that I am to receive both doses of a Covid-19 vaccine before my arrival at camp.
- 6) I agree to return this document, signed, by mail or email, *before my arrival at camp*  
In signing, I affirm that I fully understand all of the information above, and agree to all plans and policies.  
In signing I further affirm that *I have already asked any questions I had about this document, and received a satisfactory answer from the camp.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Return signed, dated copy to:  
1660 Ballibay Road, Wyalusing, PA 18853  
or  
office@ballibayCamps.com